## KAWAIAHA'O CHURCH SCHOOL 872 Mission Lane Honolulu, Hawaii 96813 (808) 585-0622

## **MEDICATION PERMISSION FORM**

I request the staff of Kawaiaha'o Church School to administer the following prescribed medication to my child as instructed below:

NAME OF CHILD:		
Last	First	M.
MEDICATION:		
DATE(S) TO BE ADMINISTERED:		
(i.e. 1 tsp. at noon/nap time, etc.)	From	То
SPECIAL INSTRUCTIONS:		
(i.e. refrigerated, shake well, to be give	n at meal time, etc.)	
Signature of Parent/Guardian	Date	<del></del>
FOR	R SCHOOL USE	
Medication Administered By	Date	Time
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